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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06240	0003	CITY OR TOWN	LITTLETON
APPLICATION FOR RENE	WAL: Annu	ual LICEN	SED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: LITTI DOING BUSINESS A ADDRESS 21 Taylor St	LETON POST #6556 V.F.	W. BUILDING ASS', INC.	
CITY/TOWN: LITTLETO	N STATE:	MA ZIP CODE:	01460
MANAGER: VAN TASSE GAIL			ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
first floor main entrance and bar area to the right, function on basement floor	•		
	omplied with all laws of th now open for business (If n	e Commonwealth relating to ot explain below)	o taxes; and
	dual, Partner or Authorized	l Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspector and t	he head of the fire depart	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 062400004		CITY OR TOV	WN LITTLETO)N
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	584 KING STREET	Γ CORPORATION			
DOING BUSINESS	A YANGTZE RIVE	R RESTAURANT			
ADDRESS 584 KIN	IG ST.				
CITY/TOWN: LIT	TLETON	STATE: MA	ZIP CODE	E: 01460	
MANAGER: ONC	G, ROBIN Y. P. TYP	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMIS				
ONE FLOOR, TWO BATHS	SERVICING ROOM	IS, ONE KITCHEN	N, THREE STOR	AGE AREAS A	ND TWO
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of t	he same type for th	e same premises	now licensed;	
	see has complied with			ng to taxes; and	
3. the premi	ises are now open for l	business (If not exp	olain below)		
SIGNED BY	Individual, Partner	or Authorized Corr	orate Officer		
	11101 100011, 1 0101101	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	0111001		
DATE:	TELEPHONI	F NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEEI HOIVI	Z WOWIDEK.	(Note: NO)	$\underline{\Gamma}$ Individual Social S	Security Number)
Wa the and out one	d -444 4b-4	: oogoogie (1) 4)	h o oou 4:6: oo 4 o uu o	······································	204 af 4h a
	d, attest that we are d by the building ins				
named license and of 2010.	(2) the certificate of	liquor liability ins	urance required	by Chapter 116	of the Acts
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
			-		
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEMBI	ER (M.G.L. Ch. 138 \$ 1	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J62400006		CITY OR TOWN LITTLE	TON
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 224 GREA		TORE INC		
CITY/TOWN: LITTI		STATE: MA	ZIP CODE: 01460	
		E OF LICENSE: Pac		Y: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI			S,BASEMENT FOR STORAG	GE
2. the licensee 3. the premise SIGNED BY	has complied with	* *		nd
	marviauai, i armer	or rumorized corpo	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 062400007		CITY OR TOWN LITTLE	TON
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: UDACHA I			
DOING BUSI	NESS A FALLON'S	S WINE & SPIRITS		
ADDRESS 3	TAYLOR STREET			
CITY/TOWN	: LITTLETON	STATE: MA	ZIP CODE: 01460	
MANAGER:	SHAYEVICH, SERGEI	TYPE OF LICENSE: Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
STOREFRON BASEMENT.		NE BLDG. THREE APAR'	TMENTS ABOVE. STORAGE	E IN
	premises are now op	pen for business (If not exp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Bel APPROVED: DISAPPROV (If disapprove	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	062400011		CITY OR TO	WN LITTLETO	JIN	
APPLICATION FOR	RENEWAL:	Annual	nual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 12 JENNII	TEDESCHI #48					
CITY/TOWN: LITTI	LETON	STATE: MA	ZIP COD	E: 01460		
MANAGER: DAVIS	S, GEORGE TY	YPE OF LICENSE: Par	ckage Store	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LI	CENSED PREM	ISES:				
2500SQFT TWO FRO RUNNING LENGHW FREEZER						
3. the premise SIGNED BY	s are now open fo	th all laws of the Compor business (If not expl	ain below)	ting to taxes; and		
	Individual, Partne	er or Authorized Corp	orate Officer			
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT OYER IDENTIFICAT OYER IDENTIFICATION		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LIG	CENSING AUTH	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 062400014		CITY OR TOWN	LITTLETON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Three G's and J,	Inc		
DOING BUSINESS	A COMMON CO	NVENIENCE STORE	ES	
ADDRESS 5 STEVE	ENS ST.			
CITY/TOWN: LIT	TLETON	STATE: MA	ZIP CODE:	01460
MANAGER: MAN JOSE		YPE OF LICENSE:Pa	ckage Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
		FRANCE FACING TH STREETRED BRIC		
2. the licens	ee has complied w	of the same type for the ith all laws of the Com or business (If not expl	monwealth relating to	
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain]	ain)		LOCAL LICENS By:	ING AUTHORITY
(II disupproved expire	····/			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06240	0015	CITY (OR TOWN LITTLET	ON
APPLICATION FOR RENE	EWAL: Anr	ıual	LICENSED FOR 2	2013
	CL	ASS		YEAR
LICENSEE NAME: CHIP	SHOTS PUB INC.			
DOING BUSINESS A CHIL	P SHOTS PUB			
ADDRESS 245 AYER ROA	'D			
CITY/TOWN: LITTLETO	N STATE:	MA ZIF	P CODE: 01460	
MANAGER: HORN, DAV	/ID L. TYPE OF LICE	NSE:Restaurant	CATEGORY	All Alcohol
EMAIL ADDRESS:				
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTI	ER YOUR EMAIL ADDR	RESS	
DESCRIPTION OF LICENS				
FULL RESTAURANT, BAI	R & SIMULATED GOLF	FACILITY.		
				-
I hereby certify and swear un	nder penalties of periury t	nat·		-
•	se will be of the same typ		remises now licensed;	
	omplied with all laws of t	•		
3. the premises are r	now open for business (If	not explain belov	w)	
SIGNED BY	And Dominon on Anthonin	- 1 C Off	21	
marvi	dual, Partner or Authorize	ed Corporate Off	icei	
DATE:	TELEPHONE NUMBER	٠.	EMPLOYER IDENTIFICA	TION NUMBER:
	TEEEI HOLL I VOIDEI		Note: NOT Individual Social	Security Number)
We the undersigned, attest	t that we are in necessiv	on (1) the cortifi	agta raquired by Chan	tor 304 of the
Acts of 2004, signed by the	_			
named license and (2) the of 2010.	certificate of liquor liabi	lity insurance re	equired by Chapter 11	6 of the Acts
Please Check Below:		1.00	AL LICENCING ALITE	IODITY
APPROVED:		By:	AL LICENSING AUTH	IORII Y
DISAPPROVED:		Dj.		
(If disapproved explain)				
DATE:				
DATE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 062400016		CITY OR TOWN	1 LITTLETC	DN
APPLICATION FOI	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	STEPHEN MARSH				
DOING BUSINESS	A TRE AMICI				
ADDRESS 529 KIN	G STREET				
CITY/TOWN: LIT	TLETON	STATE: MA	ZIP CODE:	01460	
MANAGER: MAF	RSH, STEPHEN TYPE	OF LICENSE:Re	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
WOOD FRAM RES SPACE/RESTAURA	IDENCE IN TOWN C ANT	ENTERUSED	AS COMMERCIA	L	
I hereby certify and s	swear under penalties o	f perjury that:			
1. the renew	ed license will be of the	e same type for the	same premises no	w licensed;	
2. the licens	ee has complied with a	ll laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for bu	usiness (If not expl	ain below)		
SIGNED BY	Individual, Partner of	r Authorized Corn	orate Officer		
	morvidum, raranor o	Tramonized Corp			
DATE:	TELEPHONE	NIIMRER:	EMPLOYI	ER IDENTIFICAT	ION NUMBER:
	TEELITONE	IVOWIDER.	(Note: NOT I	ndividual Social S	ecurity Number)
We the understance	d, attest that we are ir	n naggaggian (1) th	a aantifiaata maani	and he Chant	on 201 of the
	d by the building insp				
named license and of 2010.	(2) the certificate of li	quor liability insu	ırance required by	y Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
			-		
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LICE	ENSEES DURING THE N	IONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	5A)